CODED

Call Letters

WBZZ

(3)

Location

Pittsburgh PA

DOCKET FILE COPY ORIGINAL

FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554



Approved by OME 3080-0078 Expires 12/31/87

Annual Employment Report 1987

SUBMIT two copies to FCC SUBMIT two copies to FCC (See instructions) SECTION I (applicable to all respondents) SECTION III (applicable to all respondents) RECEIVED A.

COMMON CARRIER Respondents with fewer then Check one, to indicate type of respondent idean (16) full-time employees during the selected E Broadcast Respondent payroll period: CHECK BOX A, Complete Section III, □ Common Carrier Respondent JUN 1 _ 1987 and the Certification Statement, Sign and return to the FCC. B. Pay Period Ending Covered by this Report: (deta) FCC B.
COMMON CARRIER Respondents with 16 or more March 15, 1987 Office of the Secretary full-time employees during the selected payroli period: CHECK BOX B and complete all pertinent C. Name and address of respondent sections of the form. Sign and return to the FCC. (FOR COMMISSION USE ONLY) *C. D BROADCAST Respondents with fewer then (5) fulltime employees during the selected payroll period: CODE NO. (18) CHECK BOX C. Complete Sections II, III, & IV and the Certification Statement, Sign and return to the EZ Communications, Inc PCC. P.O. Box 10103 Fairfax, VA 22030-8003 D. @ BROADCAST Respondents with 5 or more full-time inplayees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC. SECTION II (applicable only to Broadcast respondents) Check A, B, or C to indicate type of Reporting Units(s) covered in this Report: A. 72 For a single employment unit consisting of one or B. Tor a single Headquarters Office Report C. A Consolidated Report more stations **SECTION IV** (applicable only to Broadcast respondents) Answer A. B. or C to identify Reporting Unit(s) covered in this Report A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one (2) If station is noncommercial, check one AM

AM FMXX FM Independent ET D Educational TV TVOTV AF Combined AM and PM
FA FM Affiliated with AM in some area ER D Educational Radio □ International

Presented by ALLEGATION Commission

Docket No. 23-88 Exhibit No 17

Presented by ALLEGATION (Identified 10/26)

Received 10/26

Rejected 10/26

Rejected 10/26

Rejected 10/26

Name of Headquarters Office	Heedq	ation of westers fice	Stations supervised by listed Heigrs. Office (list cell letters)				
n'a							
a Consolidated Report, list here (or in Appendi	if this space is insuf	ficient) the Heedquarters at	nd Stations covered in this Consolidated Rep				
Headquarters Office(s) Names and t	ocations	Stati	ion Call Letters and Locations				
N/A	ocations	Stat	on Call Letters and Locations				
	ocations	State	ion Cali Letters and Locations				
	ocations	State	on Call Letters and Locations				
	ocations	State	on Call Letters and Locations				

SECTION V	(Section V and VI) (applicable to all respondents)												
	ALL EMPLOYEES 2		MALE					PEMALE					
FULL-TIME				MINO	RITY GRO	OUP EMPL	DYBES	White.	MINO	RITY GRO	up Bapl	OYEES	White.
PAID EMPLOYEES JOB CATEGORIES ¹	Total Columns 2 + 3	Male (2)	Female (3)	Black, not of Hispenic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin 191	Asian or Pacific Islander (10)	American Indian er Aleskan Native (11)	Hispanic (12)	not of Hispanic origin (13)
Officials and Managers	<u></u> 6	4	2					A					2
Professionals	8	7	1	1.	<u> </u>			6		} 			1
Techniciens	1	1						1					
Sales workers	9	3	6					3	1				5
Office and Clerical	3		3	 	<u> </u>		ļ 						3
Creftsperson (Skilled)	<u> </u>				.								
Operatives (Semi-skilled)				[
Leborers (Unskilled)	\prod												
Service Workers													
TOTAL	27	15	12	1				14	1				_11
Total employment from previous Report (If any)	27	16	11	1				15	1				10
SECTION VI	T				(Section	VI colum	n titles se	me as Sec	ction V)				
PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹													
Officials and Managers	1												
Professionals	6	3 [.]	3					3					3
Techniciens					,					•••••			•••••
Salee workers													
Office and Clerical													••••••
Creftsperson (Skilled)						_							•••••
Operatives (Semi-ekMed)													,
Leborers [Urrekilled]													• • • • • •
Service Workers									•				
TOTAL	6	3	3					3					3
Total employment frem previous Report (if any)	6	4	Z					4					2

(The data below shell also be included in the figures for the appropriate occupational categories in Sections V and VII

ALL EMPLOYEES					MALE				FEMALE					
					MINORITY GROUP EMPLOYEES				1000	MINORITY GROUP EMPLOYEES				1400-
JOS CATEGORIES		Total Columns 2 + 3	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asien or Pacific Islander (5)	American Indian er Alaskan Native (8)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispanic origin (9)	Asian or · Pacific telender (10)	American Indian or Alaskan Native (11)	Hispanic (12)	White, not of Hispanic origin (13)
On-the- job trainess ²	White Caller Froduc- tion													

CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a pertner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licenses or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

	Man							
Signed_	1 MAN	Title Vice President						
Date	May 18, 1987	Name of Respondent	EZ Communications, Inc.					
Telephor	ne No. (include area code)	(703) 591 - 1000	· ·					

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

> This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to seeses compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

¹Include "Minerity Group Employees" and others. See instruction 7. ²Report only employees enrolled in <u>formel</u> on the the job-training programs.